DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WELLINGTON PLACE OF HARTFORD (0009623)

Address: 615 HILLDALE DR, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Compliance

Verified

Corrected

Survey ID: 0096511 End Date: 03/03/2006 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008343 Served 03/14/2006

Deficiencies Cited Subject Area

83.33(3)(e)2.b INJECTIONS

Survey ID: 0091867 End Date: 12/12/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/13/2006 SOD #10008343 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.03(5g)(c)1

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Complaint History

Date Complaint Received: 07/14/2003 Date Investigation Completed: 12/12/2003

Subject Area(s) Result SOD #

PROGRAM SERVICES NOT SUBSTANTIATED